

Department of Human Services
INSTRUCTIONS FOR USE OF FORM HS-3233
Register of Persons Who Are Legally Blind

1. Purpose of the form

To have a mechanism for medical personnel to refer patients to the state Register of Persons Who Are Legally Blind

2. When it is used

Upon examination at a clinic, hospital or other institution

3. Who completes the form

Medical Professionals/ Optometrist and Ophthalmologists

4. An explanation of what goes into any field that is not clearly self-explanatory

N/A

5. Who needs the original and where should it be filed

Mail, email or fax completed referral form to:

Susan Conder, IL Program Coordinator
Services for the Blind & Visually Impaired

400 Deaderick Street

Citizens Plaza Building

Nashville, TN 37243

615-313-5345 (phone) 615-741-6508 (fax)

susan.conder@tn.gov, Program Coordinator

6. Who needs a copy and where should it be filed

N/A

7. Length of time the form must be maintained after the service is rendered/case closed

Pending